

Department of Public Health & Human Services
Addictive & Mental Disorders Division

MONTANA CHEMICAL DEPENDENCY CENTER
2500 Continental Drive
Butte, MT 59701

FY 05 ANNUAL REPORT

MISSION

We will consistently provide high quality, multi-disciplinary, in-patient treatment to Montana citizens suffering from addictions and co-occurring addictions and psychiatric disorders.

OVERVIEW

Montana Chemical Dependency Center (MCDC), located in Butte, MT, is the single publicly funded in-patient addictions treatment facility, treating adults with both addictions and co-occurring addictions and psychiatric disorders. It is a state licensed health care facility and chemical dependency treatment facility. MCDC was established in 1993 following the closure of the Galen campus of Montana State Hospital, which formerly provided detoxification and alcohol treatment to Montana residents. The current facility has 76 beds, with 70 treatment beds and 6 detoxification/medical beds, serving the entire state of Montana. Treatment services are provided 24 hours a day, seven days a week, 365 days a year in an in-patient environment. Referrals are received from state approved community treatment providers, Native American programs, and private Licensed Addiction Counselors, with the status of patient admissions being either voluntary, court ordered or court committed. Patients who are admitted must meet level of care criteria for sub-acute, in-patient treatment as defined by the American Society of Addiction Medicine (ASAM). Continuing care coordination begins to evolve shortly after admission and is typically a referral back to a community-based provider. The individual transfers to this alternate level of care with an individualized continued care plan developed by them with assistance from MCDC professional staff. MCDC had a \$3.2 million budget for FY05 and is funded by non-general fund, alcohol tax revenue. Patients are responsible for payment of services received at MCDC, based on their individual ability to pay, which is assessed at the time of admission and is determined by annual income. Applicable third party payments for services may also be utilized. Individuals determined to have no ability to pay may receive service at no charge. Patients are billed a daily rate, which for FY05 was \$170.14 per day, plus a menu of ancillary services as they apply to the individual.

PRINCIPLES AND PHILOSOPHY OF TREATMENT

Montana Chemical Dependency Center is the single state in-patient treatment facility and as such we accept the responsibility to set a standard of treatment that is respected and emulated. The staff of MCDC will perform their duties at the highest level of professionalism, applying our treatment consistent with the American Society of Addiction Medicine, Level III.7 care.

- First, foremost and always, patients will be treated with respect, dignity and understanding.
- We teach and promote patient accountability, responsibility and honesty.
- We will respect and treat our patients as individuals and refrain from any categorical classifications, assumptions or actions.
- We provide patient focused treatment, respecting their choices, concerns and individual needs and expectations for their own treatment.
- Patients experiencing co-occurring addiction and psychiatric disorders are the expectation, not the exception.
- We understand and accept the complexity of dysfunction and pain inherent in patients who struggle with multiple disorders and do not place unrealistic expectations on them, or ourselves, for rapid progression in treatment; we maintain sensitivity to patient needs and respond to them professionally, effectively and efficiently.
- We consistently educate ourselves, becoming skilled in the application of leading edge treatment modalities, never relying on historical methods as being totally adequate.
- We will refrain from utilizing any elements of: intimidation, degradation, humiliation, confrontation, interrogation, manipulation, threats of reprisal, ultimatums, vulgar or other inappropriate language or behavior, anger, fear, or punitive measures, in any aspects of our treatment or interactions with patients
- We apply defined and readily identifiable clinical consistency in all aspects of our treatment methods.
- We will refrain from personalizing how a patient behaves or progresses while in our care; only professional perspectives may be applied.
- Our treatment will not be prescriptive; we will transfer patients to an alternate level of care based on documented clinical evidence of changes in symptom severity, identified in the interdisciplinary treatment plan, which warrants the alternate level of care.
- We embrace professional differences, utilizing it to gain multiple perspectives that assist us in making the most effective decisions for quality patient care.
- We value and respect the effective and appropriate use of prescribed medication to assist our patients in obtaining both psychiatric and physical stability for diagnosed disorders.
- We do not represent ourselves as authoritarian or in control of the outcome of a patient's life; we simply provide a source of guidance, suggestions, support, education, insight and possible alternatives.
- We do not have to agree with the choices a patient makes for their life, but we do have to accept it.
- We will always provide professional, timely, effective and individualized interventions to assist patients who may be struggling with retention in treatment.
- We value a patients potential and strive to assist them in recognizing and capitalizing on that potential to assist them in successful treatment and recovery.
- Patients are in treatment to learn how to more effectively live their lives; we do not expect them to have all the answers or appropriate behaviors; that is why they are in treatment.

- Consistent and effective interdisciplinary communication and cooperation is a fundamental imperative for effective patient treatment; no one individual or discipline has overall authority or priority.
- We understand and accept that a critical element of treatment is educating the patient in making effective and productive choices and changes which is accomplished by focusing on positive rather than negative skills, attitudes and behaviors.
- Patients are not denied admission or dismissed from treatment based on any one individual's decision; rather, interdisciplinary input is acquired and documented, resulting in a comprehensive decision with the Administrator retaining final authority if necessary or required.

ORGANIZATIONAL STRUCTURE

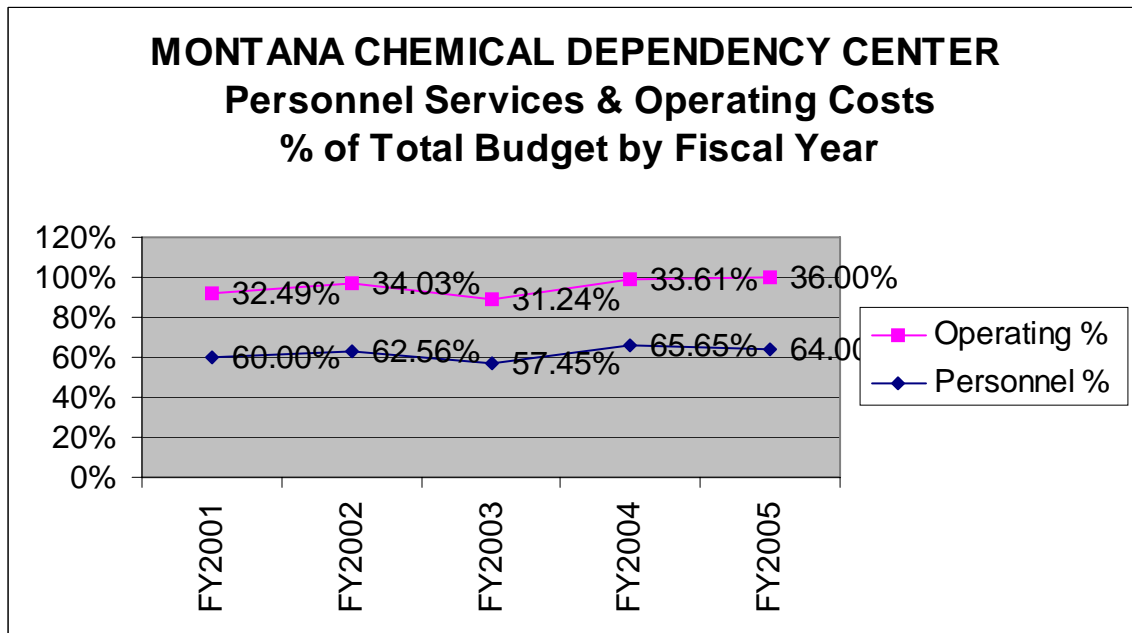
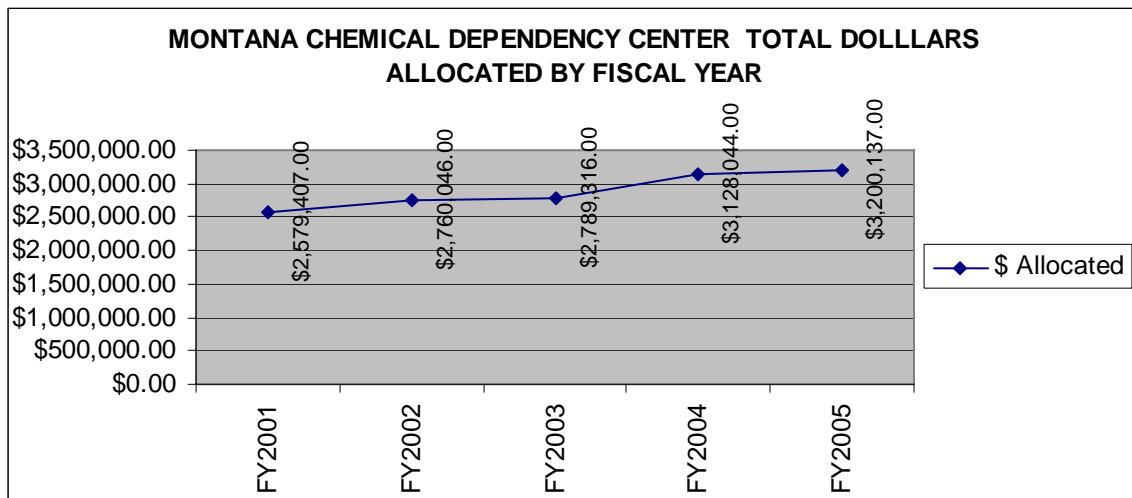
Montana Chemical Dependency Center is one of three state administered facilities within the Addictive & Mental Disorders Division of the Department of Public Health & Human Services. The facility Administrator has the direct responsibility of the budget, operations and 46.25 FTE staff, reporting directly to the Deputy Administrator of the Addictive & Mental Disorders Division. Staffing of the facility consists of: department supervisors, physicians, psychiatrists, licensed mental health professionals, licensed chemical dependency professionals, registered and licensed practical nurses, paraprofessional treatment specialists, support staff, and short term workers that act in a fill-in or relief capacity.

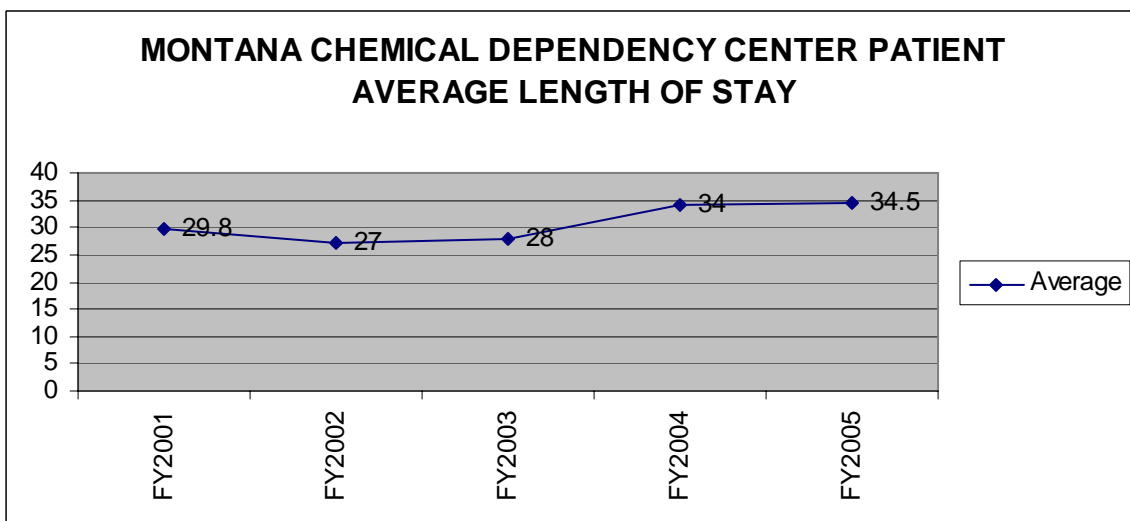
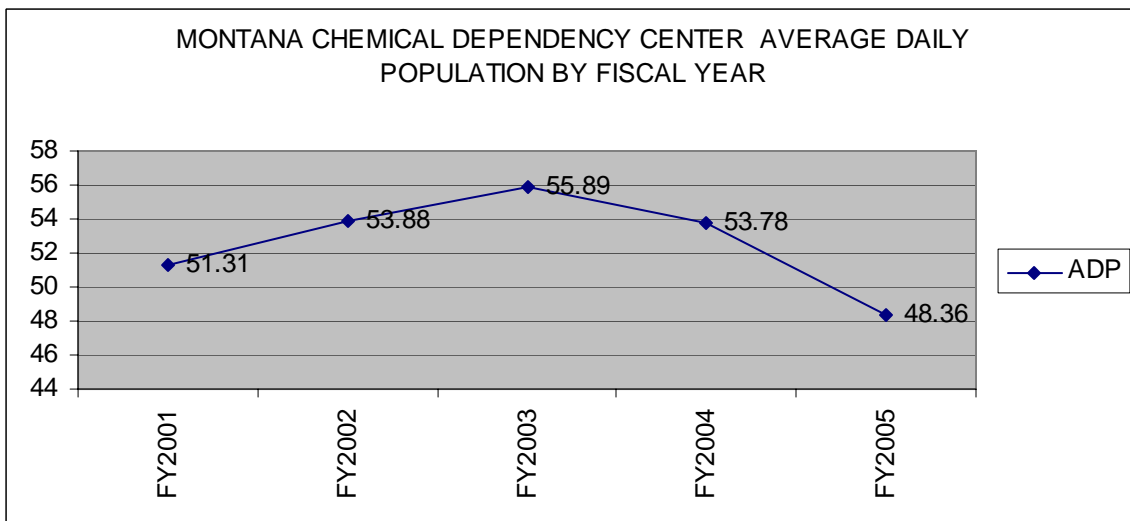
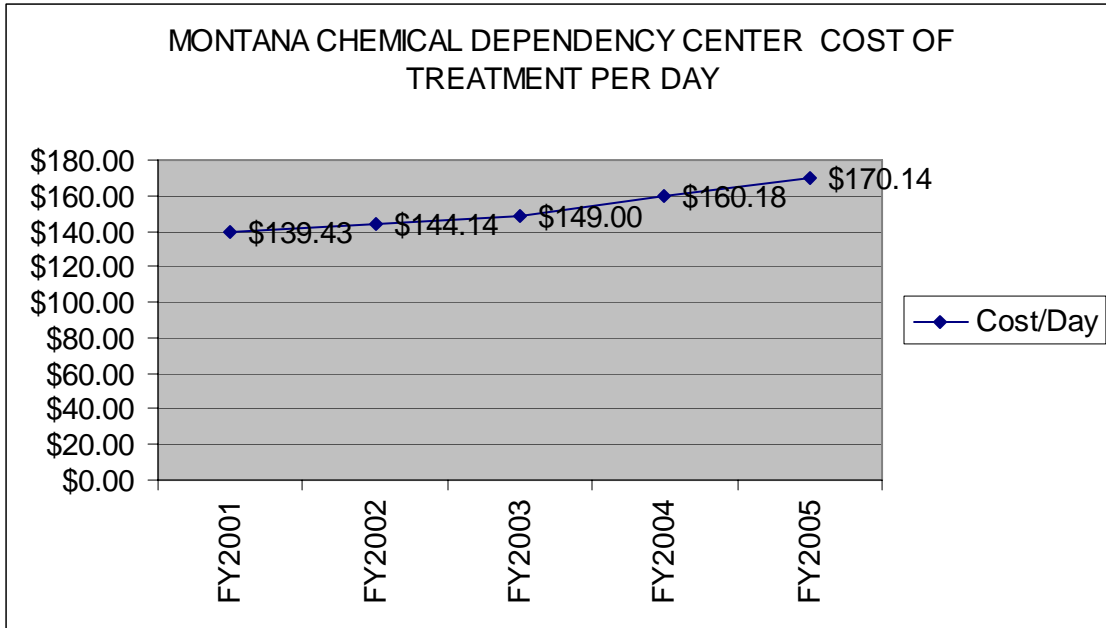
TREATMENT DESIGN

An inter-disciplinary treatment team approach is utilized to address the multiple, and complex needs of our patients, which often involves inter-related issues associated with: physiological, psychological, addictive, legal, employment, housing, interpersonal relationships, children, lifestyle, environmental and others. Shortly after admission, the patient, with assistance from professional staff, develop a treatment plan to design relevant, individualized issues to be addressed at this level of care. Treatment is very peer oriented with patients assigned to a treatment group that will provide support, insight and a sense of cohesiveness and positive identification for the individual. Treatment involves a number of inter-related elements, including: group and one-to-one therapy with professionals; self assessment and peer feedback; educational lectures; spiritual consultation; therapeutic activities; individualized assignments; medication support as appropriate; recreational opportunities; on-going physical and psychological health monitoring as appropriate; personal skills identification; family therapy; introspection through selected reading, tapes and quiet time; employment assessment and other specialized and individualized concepts. Treatment progress is monitored by the patient and their treatment team and is assessed by the patients successful accomplishment of goals established in their treatment plan. Typically, a transition to a lower level of care occurs when a patient has successfully accomplished the goals of their treatment plan, with no pre-determined amount of days in treatment required for the patient to accomplish their goals. This transition is marked by a ceremony attended by the patient(s), their peers, family members and MCDC staff.

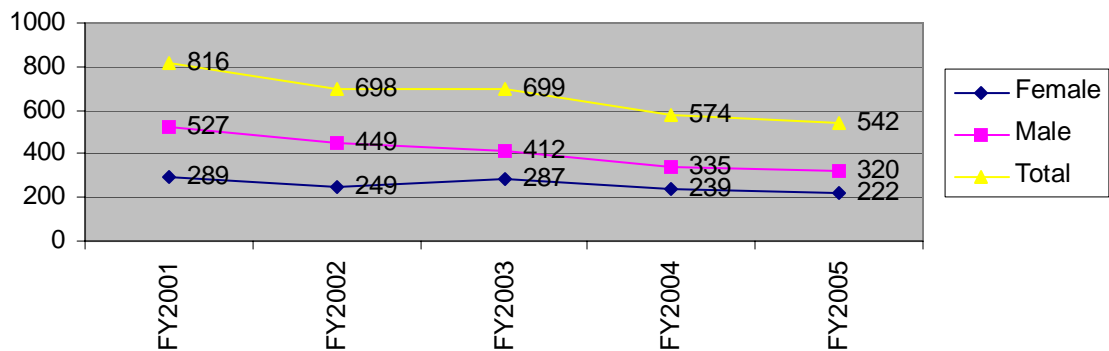
SELECTED DATA ANALYSIS

Fiscal Year 05 reflects a continuation of complex issues that impact our data. We continue to suffer from critical clinical staff vacancies and extended illness of some of the remaining staff. The staffing pattern of MCDC is very low, making us very fragile when we experience staff absence for any reason and this is exponentially compounded when it occurs for any length of time, as we have no depth in staffing to call on for these situations. The most notable impact is evidenced in our average daily population and total admissions, that continue to be below bed capacity, but are consistent with patient to staff ratio requirements of 8:1. We have made some adjustments to our admission practices which allow us to address patient needs more effectively and insure admissions with a very modest waiting period, while still accommodating emergency admissions.

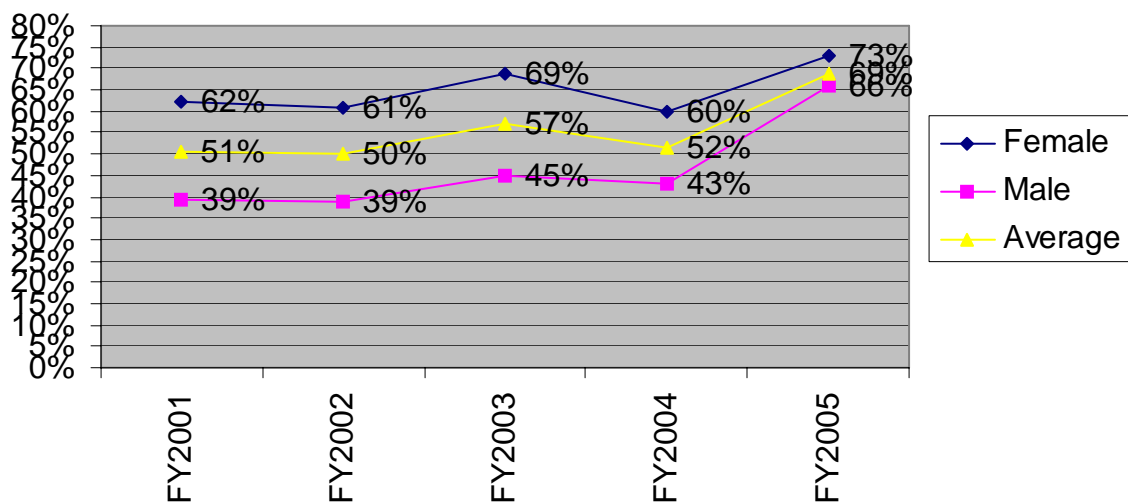




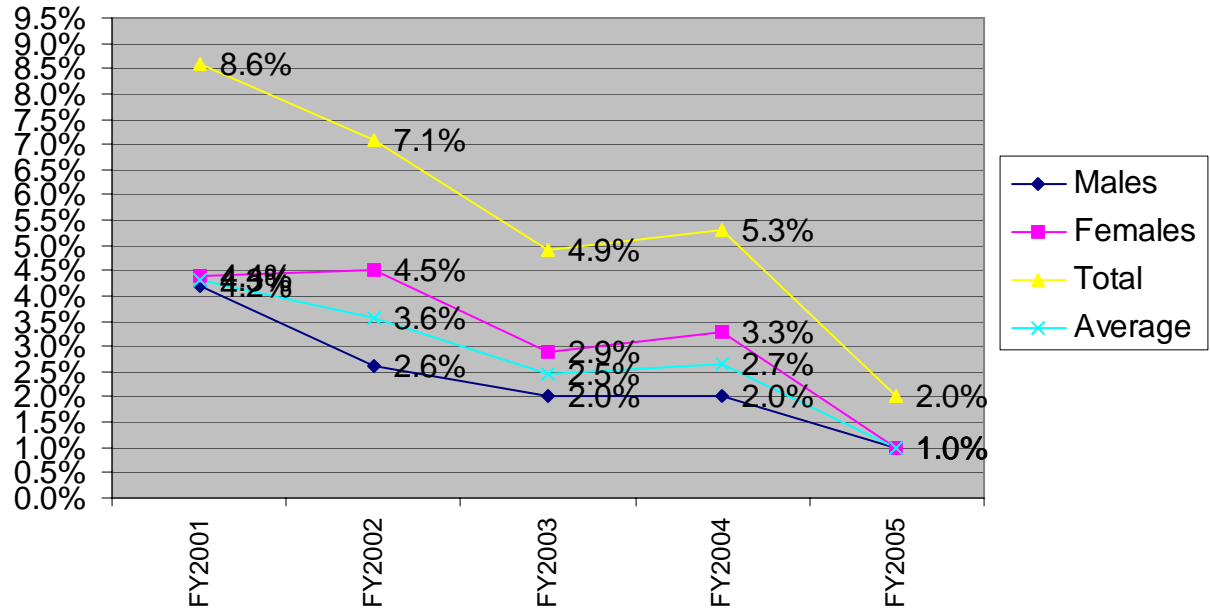
MONTANA CHEMICAL DEPENDENCY CENTER Total Admissions by Fiscal Year



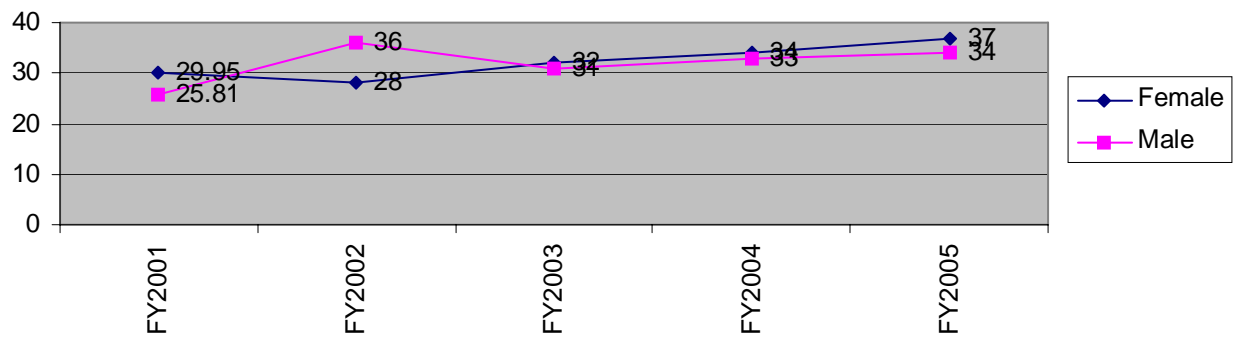
MONTANA CHEMICAL DEPENDENCY CENTER Percent of Co-Occurring Patients MCDC



MONTANA CHEMICAL DEPENDENCY CENTER Patient Recidivism



MONTANA CHEMICAL DEPENDENCY CENTER AVERAGE AGE OF PATIENTS



Number of Admits By County to MCDC

	FY01	FY02	FY03	FY04	FY05		FY01	FY02	FY03	FY04	FY05
BEAVERHEAD	4	3	7	9	11	MINERAL	1	1	4	3	7
BIG HORN	29	11	14	11	2	MISSOULA	48	40	42	39	67
BLAINE	4	7	8	3	0	MUSSELSHELL	2	2	2	3	1
BROADWATER	6	7	11	0	4	PARK	21	21	14	10	22
CARBON	13	6	5	3	3	PETROELUM	0				0
CASCADE	57	58	61	44	48	PHILLIPS	4	1	5	4	0
CHOUTEAU	1	3	1	1	1	PONDERA	6	4	0	3	3
CUSTER	9	3	4	6	11	POWDER RIVER	0	0	1	1	1
DAWSON	2	9	14	3	1	POWELL	3	3	3	3	5
DEER LODGE	22	23	25	19	17	PRAIRIE	0	1	1	0	0
FALLON	0				0	RAVALLI	26	17	14	10	15
FERGUS	9	12	18	7	6	RICHLAND	10	16	13	12	10
FLATHEAD	59	52	54	30	24	ROOSEVELT	9	3	6	7	5
GALLATIN	38	31	33	31	24	ROSEBUD	31	27	17	51	29
GLACIER	4	8	8	6	5	SANDERS	19	20	25	17	21
GOLDEN VALLEY	0				1	SHERIDAN	2	2	4	1	1
GRANITE	2	1	3	1	0	SILVER BOW	84	50	37	33	43
HILL	12	6	8	9	9	STILLWATER	5	6	8	5	1
JEFFERSON	4	5	6	3	4	SWEET GRASS	2	2	2	1	0
JUDITH BASIN	0	0	0	3	0	TETON	5	3	2	0	3
LAKE	28	23	21	14	10	TOOLE	3	6	3	2	5
LEWIS & CLARK	95	79	64	54	42	VALLEY	7	1	4	5	3
LIBERTY	0	2	1	1	2	WHEATLAND	1	3	1	2	0
LINCOLN	29	26	20	17	12	WIBAUX	0				0
MADISON	1	3	2	2	6	YELLOWSTONE	98	91	100	82	56
MEAGHER	0	0	3	3	1	NO KNOWN COUNTY	1				0
						GRAND TOTAL	816	698	699	574	542

ACCOMPLISHMENTS

The staff and management of MCDC continue to be dedicated and work relentlessly to improve the services and environment of the facility to provide a productive and professional work and treatment environment. FY 05 evidenced the following accomplishments of which we continue to be proud of.

- Successfully maintained our dual state licensure as a Healthcare Facility and Chemical Dependency Treatment Facility.
- Successfully negotiated and ratified two labor bargaining unit contracts.
- Implemented a parenting program to incorporate in treatment for our patients with children.
- Created a special room for patient parents to meet and productively interact with their children and work on parenting skills.
- Awarded a \$10,000 grant from DPHHS for HIV testing, education and counseling for our patients.
- Continued to implement advances in Dialectical Behavioral Therapy (DBT), a best practice model, through continued training of Clinical Supervisors who: participated on a state wide DBT Steering

Committee; continued to train MCDC staff; implemented Skills Training modules for patients; and identify patient DBT trainers for peer support of the model.

- Implemented a staff “Lunch & Learn”, brown bag lunch hour, offering an opportunity for in-service training and educational series.
- Created a weekly electronic staff bulletin to notify all staff of various facility happenings, notices and general information.
- Restructured and reclassified both a management position as well as other ancillary staff positions, following the retirement of a management level staff in December, which provides a better utilization of limited staff resources and oversight of facility operations by developing an Operations Supervisor, a Human Resources Specialist and restructured the Administrative Support staff.
- Following the retirement of our Medical Director in December, hired a new director that is certified by the American Society of Addiction Medicine (ASAM) as well as being one of a handful of Montana physicians certified to administer a specialized medication, Buprenorphine, which allows us a rare medical treatment option for opiate detoxification.
- Continued to participate in the Rocky Mountain College Physician Assistant Preceptorship Program, providing training for an additional Physician Assistant student.
- Implemented our first annual Facility Gift Program for patients at Christmas time.
- Continued our participation in the statewide AMDD Co-Occurring Initiative by sending key staff to Train-the-Trainers training.
- Continued to provide internships for students in the addictions field to assist them in completing their educational requirements for their Bachelors Degree, as well as providing Trainee positions in the facility for pre-licensed individuals.
- Provided training to two Department of Corrections Programs, i.e. Community Counseling & Correctional Services in Butte and the WATcH Program at Warm Springs on ASAM criteria and DBT skills.
- Modified our admission process, which resulted in a shorter waiting period for the referred patient and better accommodates the needs of community based and hospital detox referrals.